

# CLAIM NOTIFICATION FORM



Policyholder: \_\_\_\_\_ Policy No: \_\_\_\_\_

Member Group No: \_\_\_\_\_ Scheme No: \_\_\_\_\_

Principal Member Name: \_\_\_\_\_

Principal Member was actively employed at the date the death occurred q Yes      q No

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Relationship to Principal Member: \_\_\_\_\_ Age at death: \_\_\_\_\_

Documentation attached to substantiate the claim:

1. **Proof of Death** - original or certified copy attached:  
q BI-5                      q BI-20                      q BI-12
2. Copy of Principal Member's Identification Document or Passport.
3. Copy of deceased's Identification Document or Passport.
4. Copy of Principal Member's most recent payslip (for the month in which the death occurred or prior to death in respect of Principal Member's death)
5. Supporting documents applicable. (refer reverse)
6. Eligible dependants of the deceased Principal Member, who qualify for a Paid-up Benefit, under the fund:

Relationship	Name and Surname	ID Number	Date of Birth
<b>Spouse</b>			
<b>Children</b>	1.		
	2.		
	3.		
	4.		
	5.		
	6.		

7. If a claim in respect of a Paid-up Benefit - Paid-up Certificate No: \_\_\_\_\_

8. **SETTLEMENT OF BENEFIT:** q **Cheque** q **Electronic Funds Transfer**

The settlement details of claim:

**Cheque** Payable to: \_\_\_\_\_ Relationship: \_\_\_\_\_

q Cheque will be collected by: \_\_\_\_\_

q Post to: \_\_\_\_\_ Code: \_\_\_\_\_

**EFT** Bank Account Holder: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Account No: \_\_\_\_\_ Branch Code: \_\_\_\_\_

q ID Document of Beneficiary produced and verified.

COMPANY STAMP

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Policyholder / Claimant: \_\_\_\_\_ Designation: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

# CLAIM PROCEDURE FACT SHEET

Effective 1 January 2005

## Description:

On the death of any life insured under a Safrican Funeral Benefit Plan, Safrican must be informed immediately. A Death Claim Notification Form together with all the necessary supporting documents substantiating the claim must be submitted to Safrican within **6** (six) months from the date of death. Failure to do so will result in the benefit being forfeited.

As it is Safrican's policy to settle claims promptly, we request the claimant's co-operation in forwarding the correct and relevant documents, timeously to prevent any unnecessary delays in the processing of the claim.

***All documents must be clearly certified by the police or a commissioner of oaths***

## Documentation:

Claims will only be considered upon receipt of all the necessary documents substantiating the claim, satisfactory to Safrican's requirements.

Documents to be submitted:

- **Claim Notification Form.**

A fully completed Claim Notification, providing the correct policy number and name of the Principal Member and of the deceased. This must be **stamped and signed by the Policyholder.**

Instructions for payment to the beneficiary must be clearly shown

The undertaker's details must be completed.

- **Proof of Death**

Original computer produced or faxed certified copy of the Death Certificate (BI – 5).

or

Original or faxed certified copy of Abridged Death Certificate (BI – 20) in respect of stillborn, together with supporting medical documents.

Faxed copies of Death Notices **must** be clearly certified. Documents certified by a Commissioner of Oaths, must clearly reflect the name, signature, organisation, date, address and telephone number of the Commissioner of Oaths on the documents.

Documentation submitted, other than those requested on the Claim Procedure Fact Sheet or requested by Safrican, will not be accepted.

**Affidavits are not acceptable.**

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In addition to the Claim Notification Form and Proof of Death, the following supporting documents must be presented:

### **(i) Principal Member:**

Copy of Identity Document or Passport.

Copy of payslip for the pay period immediately prior to death (Employer Plans only).

Principal Member's application form.

Copy of the beneficiaries bank statement reflecting Bank name, account number and account holders details

### **(ii) Spouse:**

Copy of deceased's Identity Document or Passport.

Copy of Principal Member's Identity Document

Copy of Principal Member's payslip for the month in which the death occurred (Employer Plans only).

Principal Member's application form.

Copy of the beneficiaries bank statement reflecting Bank name, account number and account holders details

Copy Marriage Certificate.

Copy of any 2 (two) or more of the following documents in cases where there is no marriage certificate or in the case where the surname differs from that of the member.

- Letter from Tribal Chief, signed and stamped.

- Company Beneficiary Nomination Form. The document must have been completed at least six months prior to death (Employer Plans only).
- Letter providing customary and/or common law marriage from the Department of Home Affairs (not an affidavit).
- Medical Aid card reflecting dependants details.
- Any legal policy document where the spouse has been nominated prior to death.

**(iii) Eligible Child:**

Copy of Principal Member's Identity Document

Copy of Principal Member's payslip for the month in which the death occurred (Employer Plans only).

Principal Member's Application Form.

Copy of the beneficiaries bank statement reflecting Bank name, account number and account holders details

In addition, where the surname differs from that of the Principal Member, 2 (two) of the following documents will be required:

- Registration / Birth Certificate reflecting both parent's details ( BI-19)
- Adoption papers.
- Copy of IRP 2.
- Marriage Certificate & Birth Registration in respect of stepchildren.
- Medical Aid card reflecting the Eligible Child's details.

In addition:

If the child has attained age 22 (twenty two) but has not yet attained age 26 (twenty six) and is a **FULL-TIME** student:

- Confirmation satisfactory to Safrican, from a recognised educational institution to confirm full-time study at the time the death occurred. Part-time and correspondence students are not covered.
- If the child has attained age 22 (twenty two) and is mentally retarded or totally and permanently disabled, (as determined by Safrican: any **one** of the following must be submitted:
  - Confirmation satisfactory to Safrican of State Disability Grant.
  - Medical Aid application of Principal Member.
  - Medical Report.

**(iv) Stillborn:**

Proof of existence must be submitted by way of:

- Clinical records.
- Medical records.
- Antenatal records.

Proof of relationship to the member must be submitted by way of:

- Certified copies of Identity Documents of both parents.
- Medical Aid card.
- Company Beneficiary Nomination Form.
- Affidavits from both parents with certified copies of their ID documentation

**(v) Extended Family:**

Certified Copy of Principal Member's Identity Document

Certified Copy of Principal Member's payslip for the month in which the death occurred (Employer Plans only).

Certified Copy of deceased's Identity Document.

Certified Copy of Extended Family application form (must have been submitted to Safrican at inception of the Fund or when the Principal Member joined the plan).

Copy of Principal Member's Application Form.

**(vi) Domestic Assistant:**

Certified Copy of Principal Member's Identity Document

Certified Copy of Principal Member's payslip for the month in which the death occurred (Employer Plans only).

Certified Copy of deceased's Identity Document.

Certified Copy of Domestic Assistant's Application Form (must have been submitted to Safrican at inception of the Scheme or when the Principal Member joined the plan, if later).

## **IMPORTANT:**

### **Application Forms:**

All Principal Members must submit Application Forms to Safrican for record purposes at inception of any scheme or when joining a scheme. Extended Family Benefit Forms must be submitted where applicable. In the event that Application Forms were not submitted to Safrican the benefit may be forfeited

### **Paid-up Benefits for dependants (if applicable):**

The Eligible Dependants of a Principal Member, who qualify for continued cover, must be nominated on the Claim Notification Form (section 6) in respect of a Paid-up Benefit on Death. The marriage certificate together with the birth certificates for the dependants must be attached.

### **Procedure:**

#### **Substantiating a Claim:**

Once all the documents have been received, claims procedures are followed whereby Safrican confirms the validity of the claim:

- Premiums must have been paid up to date. Should a Principal Member have underpaid his / her premium, the benefit payable in respect of a claim, will be reduced in proportion to the underpayment, or the premium may be refunded and no claim liability admitted.
- All the terms and conditions relating to the Plan must have been met
- Documents must have been received within the **6** (six) month period from date of death.

Provided all the necessary documentation and information pertaining to the claim have been submitted and the premiums are up to date, Safrican will endeavour to settle such claims within 48 hours of receipt of the claim and supporting documents.

#### **Pending Claims:**

On receipt of a claim, a checklist procedure is followed. If relevant information or any document is found to be outstanding, a 'Pending' status will apply until such time as the necessary documentation or information is provided or until the six month expiry period has elapsed. This status and outstanding requirements will be communicated to the claimant in writing. It is important that the outstanding documents be furnished without delay in order to enable processing of the claim within the **6** (six) months from date of death. Delay or failure to comply with these requirements will result in the benefit being forfeited.

#### **Settlement of Claims:**

To facilitate the settlement of a claim, it is important to indicate the preferred method of payment.

- **By Cheque:**  
Indicate on the Claim Notification Form (section 8) to whom the cheque must be made payable, whether it is to be collected, and by whom. If the cheque is to be posted the postal address must be provided.
- **Electronic Funds Transfer (EFT):**  
If by way of EFT directly into the Policyholder or beneficiary's bank account, the following information must be provided (section 8)
  - Name of Bank
  - Branch Code
  - Name of Accountholder
  - Bank account number.

Benefits are payable directly to the Policyholder / Principal Member of the Plan or his / her beneficiary as instructed on the Claim Notification.

***It is important that the Beneficiary present their ID Document when collecting a cheque from any of the Safrican offices.***

### **Ancillary benefits:**

#### **Paid-up Benefits (if applicable):**

In respect of a death claim for any person covered under a Paid-up Benefit/s, the Paid-up Certificate will be issued after all documentation have been submitted to Safrican. These must be received by Safrican within six months for Paid-up Benefit on death and within three months for Paid-up Benefit on Disability or Retirement. The marriage certificate together with the birth certificates of the dependents must be attached.

### **Memorial Benefit (if applicable):**

On the first anniversary date of the death of a Principal Member or Spouse, the Memorial Benefit becomes payable. It is important that when the Death Claim is submitted, that the settlement details are correct and will have been issued and given to the beneficiary to present on due date as reflected on the Memorial Certificate.

If this benefit is not claimed within **3** (three) months of the due date, as reflected on the Memorial Certificate, the benefit will be forfeited.

### **Retrenchment Benefit (if applicable):**

On Retrenchment, the Principal Member will be issued with a Retrenchment Benefit Certificate indicating period of cover.

In the event of a claim all the necessary documents as mentioned previously and the Retrenchment Certificate must be submitted. If the claim forms have not been submitted within 3 (three) months the benefit will be forfeited.

### **Accidental Death Benefit (if applicable):**

In respect of an Accidental Death Benefit Claim, together with the documentation as required for the category of a Principal Member and or Spouse, the following information must be submitted to Safrican:

- A medical report from a medical specialist and / or a police report. The report must clearly indicate how, when and where the bodily injury was sustained.

### **Incapacitation Benefit (if applicable):**

- A Claim Form reflecting the claimants details, as well as, payment details must be submitted to Safrican within 6 (six) months of the occurrence of the event .
- A medical report from a medical specialist, Workman's Compensation Claim Assessment and / or a police report. The report must clearly indicate how, when and where the bodily injury was sustained.

### **Foreign Death Certificates**

Should the deceased be a South African Citizen and die in a foreign country we would require a South African death certificate

Should you require additional assistance with claims, kindly contact a Safrican office on:

Head Office:

PO Box 616, Johannesburg 2000

Tel: 0860 248 248 / Fax: 0866 100 001

e-mail: [claims@safrican.co.za](mailto:claims@safrican.co.za)

Durban:

PO Box 429, Durban 4000

Tel: (031) 305-1800 / Fax: (031) 304-3738

e-mail: [safinfodbn@safrican.co.za](mailto:safinfodbn@safrican.co.za)

Port Elizabeth:

PO Box 35036, Newton Park 6055

Tel: (041) 363-1477 / Fax: (041) 363-0208

e-mail: [safinfope@safrican.co.za](mailto:safinfope@safrican.co.za)

Cape Town:

PO Box 4921, Cape Town 8000

Tel: (021) 419-0090 / Fax: ((021) 421-0104

e-mail: [safinfoct@safrican.co.za](mailto:safinfoct@safrican.co.za)

[www.s african.co.za](http://www.s african.co.za)

**National Claims Fax Number: 0866 100 001**

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